

# What's New with Your Benefits for FY13?



## Maricopa County Employee Benefits Program

Open Enrollment

April 16, 2012 – May 4, 2012



## Agenda

- Welcome and Introductions
- Primary Consideration
- Open Enrollment Timeline
- Important Things You Need To Know
- Available Tools and Resources
- Benefit Plan Changes
- Wellness Changes
- Rates
- Reminders
- Questions



# Business Strategies and Health Care Programs Department

## Employee Benefits Division



# Primary Considerations

# Primary Considerations

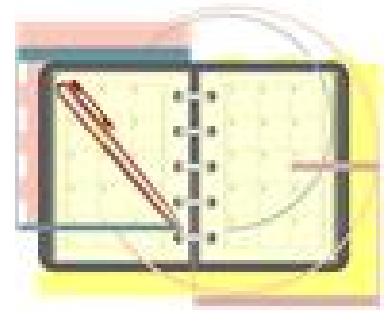


- Continue to provide a comprehensive benefits package.
- Promote better health for employees and their families.
- Stay competitive with the marketplace.
- Consolidate and simplify plans making them easier to understand.
- Control rising medical and pharmacy costs without sacrificing quality of care.



# Open Enrollment Timeline

# Open Enrollment Timeline



- **March 5 – April 21:**  
Biometric Screening, Health Assessment and Saliva Testing
- **March 26 – April 5:**  
17 “What’s New With Your Benefits?” meetings at 12 County locations
- **March 29 – April 11:**  
Three on-site meetings and three webinars on the Cigna Choice Fund Medical Plan (HSA)
- **April 5:**  
Open Enrollment e-mail notice to benefits-eligible employees
- **April 9:**  
Open Enrollment Worksheets mailed to employees’ home address in ADP (as of March 26, 2012)

# Open Enrollment Timeline– Continued

- **April 9 – May 4:**  
Counseling sessions for employees in CMG and OAP Low plans
- **April 16:**  
Open Enrollment websites open:  
ebc.maricopa.gov/ehi  
[www.maricopa.gov/benefits](http://www.maricopa.gov/benefits)
- **April 16:**  
Open Enrollment begins at 8:00 a.m.
- **May 4:**  
Open Enrollment ends at 5:00 p.m.
- **May 5 – May 18:**  
Correction period





# **Important Things You Need To Know**

## Important Things You Need To Know

- This is an Active Enrollment– all employees **MUST** access the benefit enrollment system.
- All dependents must be re-enrolled in coverage.
- Audit– dependents will be audited.

## Important Things You Need To Know (Continued)– Biometric Screening

Biometric Screenings are scheduled at various worksite locations until April 21, 2012.

- Schedule can be located on the EBC under Benefit Headlines.
- New enrollees need to go as a walk-in.
- FAQ is located on the Benefit Home Page under the Wellness tab.

The only Care Today location that will be able to complete the Biometric Screening after April 21, 2012 is the downtown Phoenix location which has limited hours.



# Important Things You Need To Know (Continued)



## What happens if I don't complete Open Enrollment?

- No action by the employee will result in automatic enrollment in the following plans, with employee only coverage:
  - CIGNA Medical Group (CMG)
  - Co-Insurance Pharmacy
  - Magellan Behavioral Health
- Automatic enrollment will occur even if currently waiving coverage.
- Applicable benefit premium deductions will be deducted from paycheck.
- Elections are irrevocable, unless employee has Qualified Family Status Change.
- Non-tobacco User Premium Reduction, Dental, Life Insurance, Short-Term Disability, and Group Legal elections will carry over, at current tier level.

# Important Things You Need To Know (Continued)

- New elections are required for:
  - Medical
  - Biometric Screening
  - Health Assessment
  - Vision
  - Health Care FSA
  - Dependent Care FSA
  - Limited Use FSA
  - Health Savings Account (HSA)





# Available Tools And Resources

# Available Tools And Resources



- Benefits information available on Benefit Home Page on EBC
- [www.mycignaplans.com](http://www.mycignaplans.com)– do plan comparison (Username: MaricopaCounty2012; password: cigna). (Available by April 16<sup>th</sup>)
- Cigna Pre-Enrollment Line– 800-401-4041 (available April 16<sup>th</sup>)
- Benefits Headlines on EBC
- 3 in-person HSA Classes
- 3 HSA Webinars
- FAQ's on Benefit Home Page on EBC

<http://ebc.maricopa.gov/ehi/> or [www.maricopa.gov/benefits](http://www.maricopa.gov/benefits)

# Learn more about the Choice Fund Medical Plan w/ HSA

## On-site Meetings

Administration Building, 301 W. Jefferson St., 2<sup>nd</sup> Floor –Test Room A&B

Thursday	March 29, 2012	2:30 – 4:30pm
Wednesday	April 11, 2012	9:00 – 11:00am

Flood Control, 2801 W. Durango, Operations Building

Tuesday	April 3, 2012	9:00am – 11:00am
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## Webinars

Wednesday	March 28, 2012	9:00–11:00am
Thursday	April 5, 2012	1:00–3:00pm
Tuesday	April 10, 2012	9:00–11:00am



### INVEST IN YOUR HEALTH CARE FUTURE

**Cigna Choice Fund Medical Plan with a Health Savings Account (HSA)**

- \$0 per pay period premium for employee-only coverage (with completion of Wellness initiatives)
- County contribution into HSA (up to \$500 for individual coverage; \$1,000 for family)
- Triple tax savings: payroll contributions are tax-free, interest earned tax-free; distributions are tax-free if for qualified medical expenses
- Preventive care is free, if in-network
- Unspent money in HSA accumulates from year to year; never forfeited
- HSA is portable; you can take it with you when you leave the County.

**ATTEND AN INFORMATIONAL SESSION TO LEARN MORE**

**ON-SITE MEETINGS:**

Administration Building  
301 W. Jefferson | 2nd Floor  
Test Rooms A & B

- Thursday, March 29, 2:30 – 4:30 pm
- Wednesday, April 11, 9:00 – 11:00 am

Flood Control | 2801 W. Durango  
Operations Building

- Tuesday, April 3, 9:00 – 11:00 am

**WEBINARS:**

- Wednesday, March 28, 9:00 – 11:00 am  
<http://cnaa.gov.qa/0909W>
- Thursday, April 5, 1:00 – 3:00 pm  
<http://cnaa.gov.qa/0940T2>
- Tuesday, April 10, 9:00 – 11:00 am  
<http://cnaa.gov.qa/0940a>

 Cigna Choice Fund Medical Plan with a Health Savings Account (HSA)  
Learn more online at [www.mycignaplans.com](http://www.mycignaplans.com)



# Benefits Counseling

Counselors will be available to provide individual financial counseling for employees currently enrolled in CMG or OAP Low plans to help them better understand their options with the new plans.

- 1,000 appointments available at various county locations.
- 30 minute sessions
- Employee must register for an appointment .
- Schedule to register is on Benefit Home Page “Open Enrollment” tab.

<http://ebc.maricopa.gov/ehi>  
or  
[www.maricopa.gov/benefits](http://www.maricopa.gov/benefits)

	Location	Date	Room	Hours
1	<b>Air Quality/Environmental Services</b> 1001 N Central Ave.	5/1/2012	201, 2nd Floor Conf Room	8 am to 5 pm
2	<b>Admin Bldg</b> 301 W Jefferson	4/9/2012 4/16/2012 4/23/2012	TBD: 3rd Floor Conf Room or 2nd Floor Merit Room	8 am to 5 pm
3	<b>Downtown Justice Center</b> 620 W Jackson Street	4/12/2012  4/20/2012	CTS/ICJIS Shared Conference Rm, 2nd Floor	8 am to 5 pm  8 am to 5 pm
4	<b>East Court Bldg/Central Courts</b> 101 W Jefferson, 3rd Floor near HR office	4/13/2012 4/19/2012	East Court Bldg 3rd Floor	8 am to 5 pm 8 am to 5 pm
5	<b>Lower Buckeye Jail (LBJ)</b> 3250 W Lower Buckeye Rd, Phx 85009	4/17/2012	1st Floor Conf Rm	7 am to 3 pm
6	<b>NE Courts</b> 18380 N 40th St.	4/26/2012	Room #185	8 am to 5 pm
7	<b>NW Courts</b> 14264 Tierra Buena Lane Surprise AZ 85374	5/3/2012	Jury Assembly Rm	8 am to 5 pm
8	<b>Public Works</b> 2901 W Durango Phx 85009	4/30/2012	Maricopa Conf Rm	8 am to 5 pm
9	<b>Public Health N. Central Tower</b> 4041 N Central Ave, 14th Floor	4/24/2012	Agave Room	7 am to 5:30 pm
10	<b>SE Regional Public Svs</b> 222 E Javelina Ave, Mesa	4/27/2012 5/4/2012	Saguaro Room	8 am to 5 pm 8 am to 5 pm
11	<b>Security Bldg</b> 222 N Central Ave.	4/11/2012 4/18/2012	Floor 1A Conf Rm #1	8 am to 5 pm 8 am to 5 pm
12	<b>Sheriff-Training Center</b> 2627 S 35th Ave.	4/10/2012 4/25/2012 5/2/2012	Conf Rm A, 1st floor Conf Rm A, 1st floor Conf Rm A, 1st floor	6 am to 4 pm 6 am to 4 pm 6 am to 4 pm



# Benefit Plan Changes



## Medical Plans Changes

- Medical Plans being consolidated from six plans to three plans.
- The Plans being eliminated are the CMG Low, OAP Low & OAPIN.
- The New plans are:
  - **Cigna Medical Group (CMG)**– HMO option which provides in-network managed care only and requires use of participating network of Cigna providers, most of whom are at Cigna facilities **ONLY**.
  - **Open Access Plus (OAP)**– PPO option with flexibility to use in or out-of-network healthcare providers. Plan has copays and co-insurance.
  - **Choice Fund Medical Plan w/ HSA**– High Deductible Health Plan which offers broadest network of providers, both in and out-of-network, but may pose greater financial risk up front due to high deductible. Plan also offers a Health Savings Account (HSA).

# Medical Plan Changes– CMG Plan



Change to Deductible/Copays	Current Plan Year	2012–13 Plan Year
Deductible	\$250 individual / \$500 family	\$350 individual / \$700 family
Primary Care Physician	\$25/visit	\$30/visit
Specialist	\$35/visit (\$50 if non-CCN)	\$45/visit (\$70 if non-CCN)
Convenience Care	\$15/visit	\$20/visit
In-Patient Hospital	\$50/day, 5 day max after deductible	\$250/admit after deductible
Out-Patient Facility Services	\$100/visit, after deductible	\$125/visit, after deductible
Emergency Room	\$175/visit	\$200/visit
Advanced Imaging	\$50/scan, after deductible	\$100/scan, after deductible
Chiropractor	\$25/visit, 60 visits/year	\$30/visit; 24 visits/year
Pulmonary Rehab/Physical/ Occupational/Speech/ Cognitive Therapy	\$25/visit; 60 visits combined/year	\$45/visit; 60 visits combined/year
Cardiac Rehab	\$25/visit; 36 visits/year	\$45/visit; 36 visits/year
Alternative Medicine	\$25/visit	\$30/visit

## Medical Plan Changes– CMG Plan (Continued)



- Coverage for bariatric surgery
  - \$500 copay, after deductible, in/out patient hospital copay applies
  - 1-year waiting period from initial employment
- Disease management program– “Your Health First”
  - Support for chronic conditions such as Asthma, Diabetes, Cardiac concerns, etc.
- Default plan is Cigna Medical Group Plan (CMG)

## Medical Plan Changes– OAP Plan \*(In–Network)

Change to copays	Current Plan Year	2012–13 Plan Year
Primary Care Physician	\$35/visit	\$40/visit
Specialist	\$45/visit (\$60 if non-CCN)	\$55/visit (\$70 if non-CCN)
Convenience Care	\$25/visit	\$30/visit
Emergency room	\$175	\$200
Chiropractor	\$35/visit; 60 visits/ year	\$40/visit; 24 visits/year (combined for in and out-of-network)
Pulmonary Rehab/ Physical/ Occupational/Speech/Cognitive Therapy	\$35/visit; 60 visits/year	\$55/visit; 60 visits combined/year (in and out-of-network)
Cardiac Rehab	\$35/visit; 36 visits/year	\$55/visit; 36 visits/year (combined for in and out-of-network)
Alternative Medicine	\$35/visit	\$40/visit

\* As compared to the OAP High

## Medical Plan Changes – OAP Plan (In-Network)\* (Continued)

Move to 10% co-insurance	Current Plan Year	2012–13 Plan Year
Ambulance	\$0 after deductible	Deductible applies, then 10% coinsurance
In-patient hospital	\$250/admit; after deductible	Deductible applies then 10% coinsurance with \$1,000/ admit limit
External prosthetics	\$0 after deductible	Deductible applies, then 10% coinsurance
Out-patient facility services	\$150 after deductible	Deductible applies, then 10% coinsurance
In-patient professional services	\$0 after deductible	Covered under same \$1,000 inpatient hospital limit
Out-patient professional services	\$0 after deductible	Deductible applies, then 10% coinsurance
Durable medical equipment	\$75 after deductible	Deductible applies, then 10% coinsurance
Consumable supplies	\$0 after deductible	Deductible applies, then 10% coinsurance

These are examples of medical services requiring 10% coinsurance after deductible. Unless, otherwise specified, all services covered in-network, under this plan will be subject to 10% coinsurance after deductible.

## Medical Plan Changes– OAP Plan (In–Network) (Continued)



- Coverage for bariatric surgery
  - \$500 copay, after deductible and co–insurance, \$1,000 maximum per admission
  - One year waiting period from initial employment
- Disease management program– “Your Health First”
  - Support for chronic conditions such as Asthma, Diabetes, Cardiac concerns, etc.
- Integrative Medicine Clinic in partnership with the University of Arizona
  - Provider with Cigna
  - Fee schedule
  - Located in Central Phoenix
  - More information to come



## Medical Plan Changes– OAP Plan\* (Out-of-Network)



Out-of-Network	Current Plan Year	2012–13 Plan Year
Emergency Room	\$175 copay	\$200 copay
Chiropractor visits	60 visits / plan year	24 visits / plan year

\* As compared to OAP High



## Medical Plan Changes– HSA Plan (In–Network) (Choice Fund Medical Plan with Health Savings Account)

- Change in visit limits
  - Chiropractor visits– 24/year (combined for in and out-of-network)
  - Pulmonary Rehab/Physical/Occupational/Speech/ Cognitive Therapy– 60 visits combined/year (in and out-of-network)
- Coverage for bariatric surgery
  - One year waiting period from initial employment
- Disease management program– “Your Health First”
  - Support for chronic conditions such as Asthma, Diabetes, Cardiac concerns, etc.
- Integrative Medicine Program in partnership with the University of Arizona
  - Provider with Cigna
  - Fee schedule
  - Located in Central Phoenix
  - More information to come

## Medical Plan Changes– HSA Plan (Continued)

*(Choice Fund Medical Plan with Health Savings Account)*

- Annual contribution limit changes
  - \$3,100 for employee-only coverage *(minus the County contribution)*
  - \$6,250 for family coverage *(minus the County contribution)*
- The County's annual contribution into an HSA will be based on the employee's coverage level at the start of the plan year. There will not be additional funding associated with a family status change.
- For new enrollees after July 1, 2012, the County's contribution will be prorated based on the number of days covered in the plan year.



## Pharmacy Plan Changes



- Pharmacy plans are being consolidated from three plans to two.
- Plan being eliminated is Consumer Choice Pharmacy Plan.
  - Allowances provided by the County to be applied towards the purchase of prescription drugs will no longer be available as of July 1, 2012.
- Employees enrolled in the CMG or OAP Medical Plans will be enrolled in the Co-Insurance Plan.
- On the Co-Insurance Plan, all diabetic supplies (test strips, lancets, lancet injectors, alcohol pads) will have to be filled via mail order after two 30 day-day retail fills.
- Employees enrolled in Choice Fund Medical plan w/HSA will be enrolled in the Cigna Pharmacy Plan.



# Pharmacy Plan Changes– Co-Insurance Plan



## Formulary Advantage Program

- Cost savings to the Plan and the member
- Designed to move members to preferred alternatives in a therapeutic drug class (similar to Step Care Program)
- Little impact to members due to availability of preferred brand alternatives
- Aligns with Formulary to increase generic dispensing rate
- Impacted members will be sent communication

## Quantity Limits

- Based on FDA and manufacturer dosing recommendations, limits the amount of medication that will be covered at one time
- Covered quantities in excess of the limit require prior authorization (pre-auth based on set criteria)
- From a safety perspective, helps ensure appropriate use of medications



## Pharmacy Plan Changes– Co-Insurance Plan (Continued)

### Diabetic Sense

- Convenient access to essential testing supplies (test strips, lancets, lancet injectors, alcohol pads).
- Mandatory Central Fulfillment (mail order) for diabetic supplies after 2 retail fills.
- 90-day convenient home delivery channel.
- Easy refill options.
- Various ongoing educational material provided through mail.
- Impacted members will be sent communication.



## Pharmacy Plan Changes – Co-Insurance Plan (Continued)

Changes to copays	Current Plan Year	2012–13 Plan Year
Generic– retail 30 day	\$2 minimum and \$12 maximum	\$5 minimum and \$12 maximum
Generic– retail 90 day	\$6 minimum and \$36 maximum	\$15 minimum and \$36 maximum
Generic– mail order 90 day	\$6 minimum and \$28 maximum	\$10 minimum and \$28 maximum
Preferred brand, retail 30 day	\$5 minimum and \$40 maximum	\$10 minimum and \$40 maximum
Preferred brand, retail 90 day	\$15 minimum and \$120 maximum	\$30 minimum and \$120 maximum
Preferred brand, mail order 90 day	\$15 minimum and \$70 maximum	\$20 minimum and \$70 maximum



## Pharmacy Plan Changes– Co-Insurance Plan (Continued)

Changes to copays	Current Plan Year	2012–13 Plan Year
Non-preferred brand with generic equivalent– retail, 30 days	\$40 minimum	\$50 minimum
Non-preferred brand with generic equivalent, retail, 90 days	\$60 minimum	\$150 minimum
Non-preferred brand with generic equivalent, mail order, 90 days	\$60 minimum	\$75 minimum
Specialty preferred brand– mail order, 30 day	\$5 minimum and \$40 maximum	\$10 minimum and \$40 maximum
Specialty non-preferred brand– mail order, 30 day	\$50 copay	\$100 copay



# Behavioral Health Plan Changes



- Add psychological support for bariatric surgery
  - 24 visit maximum
  - CMG and OAP members will use Magellan
  - Copays apply on CMG & OAP Plans
  - Subject to deductible/co-insurance on Choice Fund Plan
- Continue to “opt out” of Mental Health Parity



## Dental Plan Changes

- Delta Dental– progressive/regressive feature
- Decrease in premiums



## Vision Plan Changes

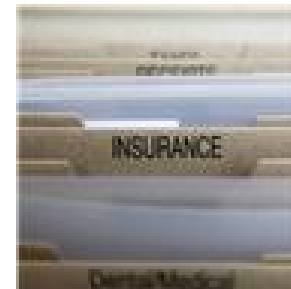
- Vision plan will now be carved out– no longer bundled with medical coverage.
  - Employee can elect vision without medical coverage
  - Dependents can be enrolled in vision without medical coverage
- Rates for vision coverage have increased.





## Life Insurance Plan Changes

- New vendor – ReliaStar Life Insurance Company, a member of the ING family of companies.
- The maximum coverage level has increased from \$500,000 to \$750,000, not to exceed 5x your annual base salary.
- FY 2013 premiums reduced as much as 20%– refer to rate table in “What’s New Booklet.”
- Current elections will roll over
- For spouse life insurance, rates will be based on age and tobacco user status.



## Short-Term Disability Plan Changes



- Enhance coverage by changing the waiting period to “three- week waiting period or first day of hospitalization”
- No premium increases





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## Health Care FSA Plan Changes

- Decrease annual contribution limit to \$2,500/year
  - Due to the Patient Protection and Affordable Health Care Act, otherwise known as “Health Care Reform.”
  - This will avoid any potential over-contribution by employee for calendar year 2013
  - Change includes the General Purpose and Limited Use Flexible Spending Accounts.

# Wellness Changes



- The following programs administered by Catalyst Rx will no longer be available effective July 1, 2012:
  - Healthful Living Smoke Free Program
  - Walgreens Optimal Wellness (WOW) Program
- The County will enhance two of its internal programs to continue support for employees wishing to manage their diabetes or quit smoking.
  - **Diabetes Management Program**– will be enhanced to include the reimbursement of up to four diabetes–related office visit copays by taking steps to meet requirements of the program and getting all diabetes–related exams and screenings completed.
    - Current requirement to enroll in WOW is being replaced with a medication review.

## Wellness Changes– Continued

- **Quit Tobacco Program**– employees who are considering giving up smoking will now have an added incentive to do so.
  - Enroll in program and be immediately eligible to start receiving Non-Tobacco User Premium Reduction, provided their covered dependents have been tobacco free for six months.
  - Complete six-week program, reduction will continue and employee will be required to take and pass saliva test to continue receiving premium reduction.
  - Employees who do not complete program or who resume using tobacco products will not longer be eligible for reduction.





# Benefits Effective Date Change

For newly-hired or newly-eligible employees (except elected Officials), the effective date for benefits will be the first day of the 3<sup>rd</sup> pay period following their date of hire or date the employee becomes benefits-eligible.

**Example:** Employee is hired on Monday, July 2<sup>nd</sup>. Benefits effective date is Monday, July 23<sup>rd</sup>.

## July 2012

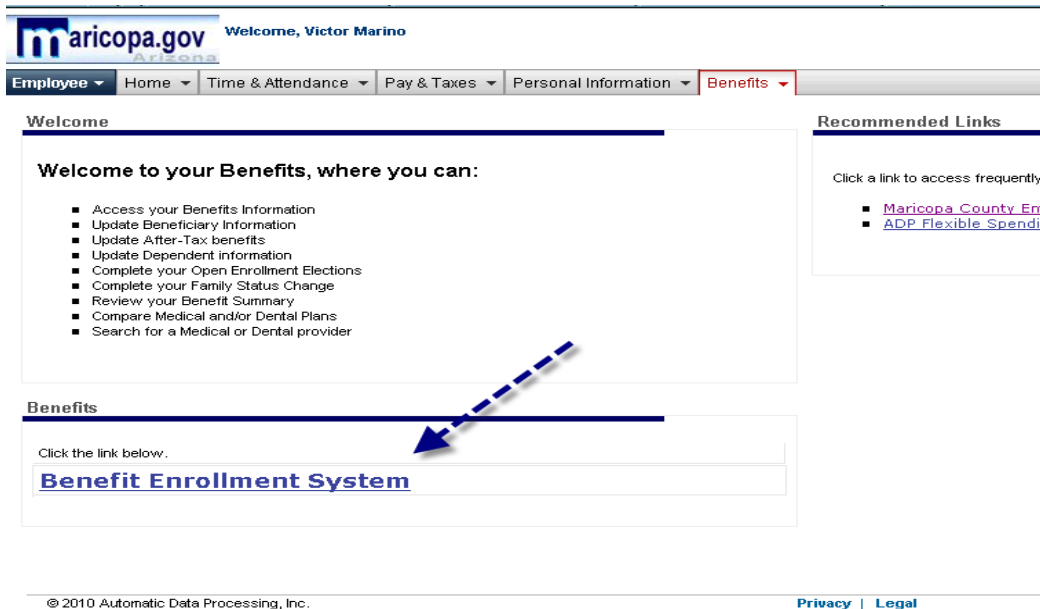
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 LAST Jane Doe starts work	3	4 Independence Day	5	6	7
8 PAY PERIOD	9	10	11	12	13	14
15	16	17	18	19	20	21
22 PAY PERIOD	23 Jane Doe's benefit effective date	24	25	26	27	28
29	30	31				

# **What's New in the System?**

# What's New in the System?

Log in is through <https://portal.adp.com>

Navigate to the Benefits tab then click on the Benefit Enrollment System link.



The screenshot displays the Maricopa.gov portal interface. At the top, the logo "maricopa.gov" is visible next to the text "Welcome, Victor Marino". Below this is a navigation bar with tabs: "Employee", "Home", "Time & Attendance", "Pay & Taxes", "Personal Information", and "Benefits". The "Benefits" tab is currently selected. The main content area is divided into two sections. The left section, titled "Welcome", contains a list of actions users can perform, such as "Access your Benefits Information" and "Update Beneficiary Information". The right section, titled "Recommended Links", lists "Maricopa County Emp" and "ADP Flexible Spending". Below these sections, a "Benefits" section contains a link labeled "Benefit Enrollment System". A blue dashed arrow points from the "Benefit Enrollment System" link to the "Benefits" tab in the navigation bar. At the bottom of the page, there is a footer with the text "© 2010 Automatic Data Processing, Inc." and links for "Privacy" and "Legal".

maricopa.gov Welcome, Victor Marino

Employee Home Time & Attendance Pay & Taxes Personal Information Benefits

Welcome

Welcome to your Benefits, where you can:

- Access your Benefits Information
- Update Beneficiary Information
- Update After-Tax benefits
- Update Dependent information
- Complete your Open Enrollment Elections
- Complete your Family Status Change
- Review your Benefit Summary
- Compare Medical and/or Dental Plans
- Search for a Medical or Dental provider

Recommended Links

Click a link to access frequently u

- [Maricopa County Emp](#)
- [ADP Flexible Spending](#)

Benefits

Click the link below.

[Benefit Enrollment System](#)

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## What's New in the System? (Continued)

### Medical

2012 - 2013 election: Cigna Medical Group Plan (CMG) for Employee Only.  
Costs shown are per pay period amounts.

Plan Options					Help Me Decide
Plan Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family	
<input type="radio"/> Waived Medical Benefit Plan	\$0.00	\$0.00	\$0.00	\$0.00	
<input type="radio"/> <a href="#">Choice Fund Medical Plan (HSA)</a>	\$30.00	\$37.41	\$34.10	\$42.68	
<input checked="" type="radio"/> <a href="#">Cigna Medical Group Plan (CMG)</a>	\$38.91	\$68.22	\$56.20	\$93.05	
<input type="radio"/> <a href="#">Open Access Plus Plan (OAP)</a>	\$53.14	\$108.00	\$91.36	\$149.15	

## What's New in the System? (Continued)

### Pharmacy

**2012 - 2013 election: Co-insurance Pharmacy Benefit Plan for Employee Only.**  
Costs shown are per pay period amounts.

#### Plan Options

Plan Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
<input checked="" type="radio"/> <a href="#">Co-insurance Pharmacy Benefit Plan</a>	\$0.00	\$0.00	\$0.00	\$0.00

#### Dependent Coverage

**You do not have any dependents on file.**

## What's New in the System? (Continued)

### Vision

**2012 - 2013 election: Waived Vision Benefit Plan.**

Costs shown are per pay period amounts.

#### Plan Options

Plan Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
<input checked="" type="radio"/> Waived Vision Benefit Plan	\$0.00	\$0.00	\$0.00	\$0.00
<input type="radio"/> <a href="#">Vision Benefit Plan</a>	\$1.82	\$3.57	\$3.45	\$5.33

#### Dependent Coverage

You do not have any dependents on file.

## What's New in the System? (Continued)





### Spouse Life Insurance

2012 - 2013 election: Waived Spouse Life Insurance.  
Costs shown are per pay period amounts.

I have a spouse who is also a Maricopa County employee:

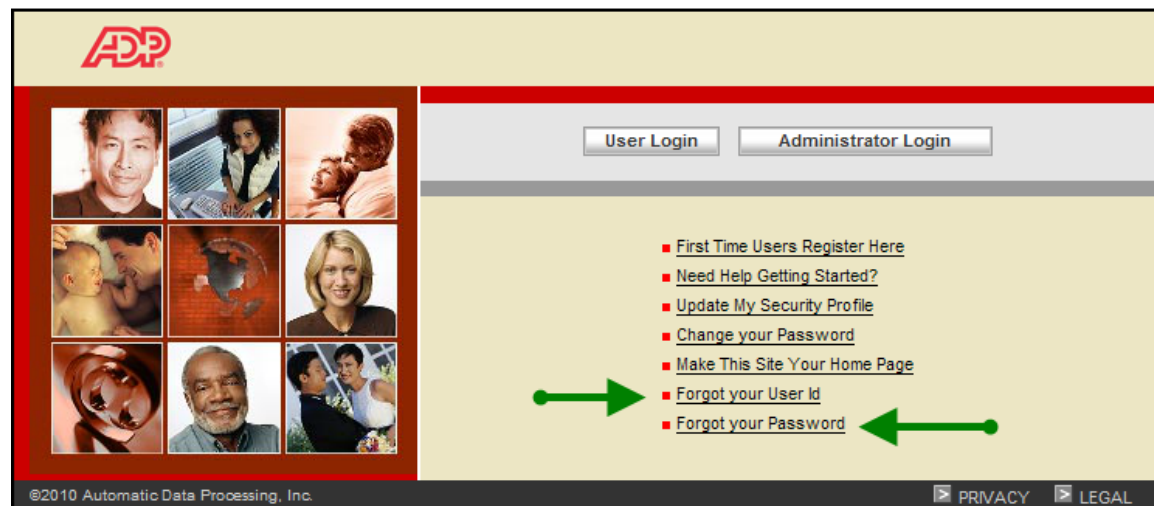
☒ Yes ☐ No ☐ Yes, but my spouse is not eligible for benefits ☐ Does not apply

#### Plan Options

Option	Coverage Amount	Cost
<input checked="" type="radio"/> Waived Spouse Life Insurance	\$0	\$0.00
<input type="radio"/> \$10,000 - Non Tobacco User 	\$10,000	\$0.37
<input type="radio"/> \$20,000 - Non Tobacco User 	\$20,000	\$0.74
<input type="radio"/> \$10,000 - Tobacco User 	\$10,000	\$0.78
<input type="radio"/> \$20,000 - Tobacco User 	\$20,000	\$1.55

## What's New in the System? (Continued)

- To complete Open Enrollment elections, employees should access the Benefit Enrollment System at <https://portal.adp.com>
- For help with User ID or Password, click on the links titled:
  - Forgot Your User ID
  - Forgot Your Password
- If experiencing login problems, call Customer Care Center at (602) 506-HELP or e-mail them at [helpdesk@mail.maricopa.gov](mailto:helpdesk@mail.maricopa.gov)







# **2012-13 Medical, Dental and Vision Rates**

# Monthly Medical Plan Rates 2012–13

*Combined with Pharmacy & Behavioral Health*

Full-Time Active Employees



Plan	Tier	Monthly Employee Premium	Monthly Employee Premium Less all Premium Reductions
Cigna Medical Group Plan (CMG)	Employee	77.82	17.82
	Employee + Spouse	136.44	76.44
	Employee + Child(ren)	112.40	52.40
	Employee + Family	186.10	126.10
Open Access Plus Plan (OAP)	Employee	106.28	46.28
	Employee + Spouse	216.00	156.00
	Employee + Child(ren)	182.72	122.72
	Employee + Family	298.30	238.30
Choice Fund Medical Plan with HSA (HSA)	Employee	60.00	–
	Employee + Spouse	74.82	14.82
	Employee + Child(ren)	68.20	8.20
	Employee + Family	85.36	25.36

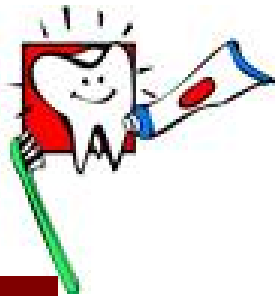
# Monthly Medical Plan Rates 2012–13

*Combined with Pharmacy & Behavioral Health*

## Part-Time Active Employees

Plan	Tier	Monthly Employee Premium	Monthly Employee Premium Less all Premium Reductions
Cigna Medical Group Plan (CMG)	Employee	313.52	253.52
	Employee + Spouse	592.62	532.62
	Employee + Child(ren)	489.40	429.40
	Employee + Family	777.48	717.48
Open Access Plus Plan (OAP)	Employee	342.12	282.12
	Employee + Spouse	672.18	612.18
	Employee + Child(ren)	559.74	499.74
	Employee + Family	889.68	829.68
Choice Fund Medical Plan with HSA (HSA)	Employee	277.50	217.50
	Employee + Spouse	513.96	453.96
	Employee + Child(ren)	436.24	376.24
	Employee + Family	675.04	615.04

# Monthly Dental Plan Rates 2012-13



## Full-Time Active Employees

Plan	Tier	Monthly Employee Premium	Diff
<b>Cigna</b>	Employee	14.3	-\$ .38
	Employee + Spouse	31.46	-\$ .92
	Employee + Child(ren)	34.06	-\$ .96
	Employee + Family	43.82	-\$1.20
<b>Delta</b>	Employee	24.7	-\$ .62
	Employee + Spouse	54.34	-\$1.54
	Employee + Child(ren)	58.76	-\$1.66
	Employee + Family	75.66	-\$2.04
<b>EDS</b>	Employee	4.56	\$ .06
	Employee + Spouse	8.58	\$ .04
	Employee + Child(ren)	11.18	-\$ .02
	Employee + Family	12.88	\$ .02

# Monthly Dental Plan Rates 2012–13



## Part-Time Active Employees

Plan	Tier	Monthly Employee Premium
Cigna	Employee	22.74
	Employee + Spouse	49.92
	Employee + Child(ren)	54.08
	Employee + Family	69.42
Delta	Employee	33.16
	Employee + Spouse	72.80
	Employee + Child(ren)	78.78
	Employee + Family	101.40
EDS	Employee	7.60
	Employee + Spouse	14.42
	Employee + Child(ren)	18.92
	Employee + Family	21.78

## Monthly Vision Plan Rates 2012–13

### Full-Time Active Employees

Plan	Tier	Monthly Employee Premium	Diff
<b>EyeMed</b>	Employee	1.18	\$.34
	Employee + Spouse	2.6	\$1.04
	Employee + Child(ren)	1.96	\$.32
	Employee + Family	3.52	\$1.12



## Monthly Vision Plan Rates 2012-13

### Part-Time Active Employees

Plan		Tier	Monthly Employee Premium
EyeMed		Employee	3.64
		Employee + Spouse	7.14
		Employee + Child(ren)	6.90
		Employee + Family	10.66



## Additional Rates

Rates for other benefit plans can be located on the Open Enrollment tab on the Benefit Home Page or the “What’s New” booklet located on the Benefit Home Page.

<http://ebc.maricopa.gov/ehi/> or [www.maricopa.gov/benefits](http://www.maricopa.gov/benefits)





## Benchmarking Data

Plan Type	Maricopa County	City of Phoenix	State of AZ	National Average of Large Employers*
<b>HMO/EPO</b>				
EE Only	\$77.82	\$91.54 / \$ 94.16	\$40.00	\$105.00
Family	\$186.10	\$263.80 / \$271.33	\$221.00	\$360.00
<b>OAP/PPO</b>				
EE Only	\$106.26	\$103.72	\$155.00	\$105.00
Family	\$298.30	\$298.84	\$486.01	\$367.00
<b>High-Deductible Health Plan with HSA</b>				
EE Only	\$60.00	NA	\$26.00	\$54.00
Family	\$85.36	NA	\$193.01	\$204.00

### Notes:

City of Phoenix rates eff. 7-1-2011 to 6-30-2012 (No contribution updates)

State of AZ rates eff 1-1-2012

\*Mercer's 2011 National Survey of Employer Sponsored Health Plans



# Important Reminders



## Reminders

- Open Enrollment is April 16, 2012, 8:00am – May 4, 2012, 5:00pm.
- Active Open Enrollment– no action by employee will result in automatic enrollment in the following plans:
  - Cigna Medical Group (CMG)
  - Co–insurance Pharmacy
  - Magellan Behavioral Health
- Elections are irrevocable, unless there is a Qualified Family Status Change
- All dependents must be re–enrolled in coverage.
- Audit– dependents will be audited
  - Letters will be mailed to employees July 3, 2012
  - Reminder Letters sent July 18, 2012
  - Audit ends July 31, 2012
  - Final outcome letters mailed to employees August 6, 2012
  - Grace period ends August 15, 2012
  - Dependent drops completed and Confirmation Statements mailed August 24, 2012

# Questions?

